

MULTIPLE DEPENDENT
FEE CALCULATION FORM
(FOR USE WITH FORM 15)

APPLICANT(S)

665/77

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	Y					
TOTAL DEP.		Y	↔	↔	↔	
TOTAL CLAIMS	Y					

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE

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